



Employee Benefits Program

Plan Year July 1, 2012 – June 30, 2013

NEW EMPLOYEE ORIENTATION

Eligible For Benefits?

- ❑ Yes, if you are a regular employee scheduled to work at least 20 hours per week.
- ❑ No, if you are a temporary employee or an employee working less than 20 hours per week.
- ❑ Contract employees may be eligible based on the terms of their contract.
- ❑ Your Dependents listed below are eligible:
 - Legal Spouse
 - Does not include domestic partners
 - Child or young adult up to age 26
 - Disabled child of any age, if disability began prior to age 26



Benefit Vendors

- ❖ Cigna HealthCare of AZ
- ❖ Catalyst Rx
- ❖ Magellan Health Services
- ❖ EyeMed Vision Care
- ❖ Cigna Dental
- ❖ Delta Dental
- ❖ Employers Dental Services (EDS)
- ❖ ReliaStar Life Insurance Company, a member of the ING family of companies
- ❖ Sedgwick
- ❖ Automatic Data Processing, Inc. (ADP)





Medical Plans

Medical Plans



☐ **Cigna Medical Group (CMG)**

- (HMO) Health Maintenance Organization
- In-network managed care only
- Services must be received within Maricopa County except for emergencies
- Default plan for all eligible active employees

☐ **Open Access Plus (OAP)**

- PPO (Preferred Provider Organization)
- Flexibility to use in- or out-of-network providers
- Services available nationally

☐ **Choice Fund Medical with Health Savings Account**

- High Deductible Health Plan (HDHP)
- Broadest network of providers in- or out-of-network
- Offers a health savings account

Cigna Care Network



- ❑ Applies to in-network specialty care
- ❑ Office visit has lower copay when provider has the CCN designation

Endocrinology, Allergy/Immunology, Ear/Nose/Throat, Cardiology, General Surgery, Dermatology, Gastroenterology, Hematology/Oncology, OB/GYN, Infectious Disease, Neurology, Nephrology, Ophthalmology, Orthopedics/Surgery, Rheumatology, Cardio-Thoracic Surgery, Neurosurgery, Urology, Colon and Rectal Surgery and Vascular Surgery

- ❑ Providers identified by the Tree of Life symbol



- ❑ Does not apply to Choice Fund Medical plan

Cigna Medical Group (CMG)

❑ HMO plan

- Requires PCP selection
- PCPs must be in CMG Healthcare Center

❑ Specialist Care

- Requires referral by CMG PCP
- Most provided at CMG Healthcare Center

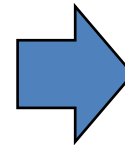
❑ Out-of-Network Coverage

- Not available

❑ Broad Geographic Locations

- 25 Health Care Centers
- One-Stop Shopping-Pharmacy, Lab, & Radiology
- 230+ Clinicians & Primary Care Physicians (PCPs)
- 4,865 Specialists
- 37 Hospitals

❑ After Hours Urgent Care at 3 CMGs

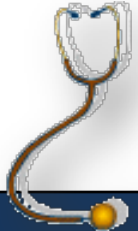


❑ 2 Care Today convenience care clinics

- No appointments required



Stapley CMG
Clyde Wright CMG
Paseo CMG



CMG Plan

<i>Service</i>	<i>Copay</i>
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$30
Convenience Care Clinic	\$20
Specialty Care Office Visit	\$45* / \$70
Urgent Care	\$75
Emergency Room	\$200
Inpatient Hospital	\$250/admit, after deductible
Outpatient Surgery	\$125/visit, after deductible
Chiropractor	\$30 (limit 24 visits per yr)
Single/Family Facility Deductible	\$350/\$700
Out-of-Pocket Maximum Single / Family**	\$1,000 / \$2,000

Must choose a PCP. PCP must be in CMG Network. PCP's in private practice offices (not working in a CMG facility) are not in CMG Network. PCP referrals required to see specialist.

NO OUT-OF-NETWORK COVERAGE. *Cigna Care Network designation **Includes Inpatient Facility copays, Outpatient Facility copays & Advanced Radiological Imaging copays only.

Facility Deductibles

CMG Plan

Deductibles apply to inpatient and outpatient facility-based services.

Examples of these types of services are listed below:

Inpatient Facility	Outpatient Services
<ul style="list-style-type: none">• Hospital• Skilled Nursing• Rehabilitation• Sub-Acute Facilities• Hospice	<ul style="list-style-type: none">• Outpatient hospital surgical center• Advanced Radiological Imaging at an Outpatient Hospital Facility, for MRI , MRA, CAT and PET Scans

Individual and Family deductible amounts aggregate.

All covered members can contribute toward the family deductible amount but one person will not be charged more than the individual deductible amount.

Open Access Plus (OAP)

☐ PPO

- Co-pays
- 10% Co-insurance for in-network

☐ National Network of Providers

☐ Primary Care Physician (PCP)

- not required

☐ Specialist Referral

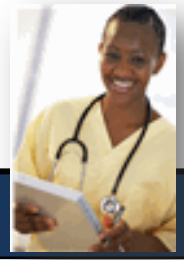
- not required from PCP

☐ In- and Out-of-network Coverage

- 5,176 Primary Care Physicians
- 18,609 Specialists
- 125 Hospitals
- 25 Cigna Medical Group HealthCare Centers
- 2 Care Today Convenience Care Clinics
 - ✓ No appointments required



OAP Plan (In-Network Services)



<i>In-Network Services</i>	<i>Copay</i>
Preventive Care	\$0
Primary Care (PCP) Office Visit	\$40
Convenience Care Clinic	\$30
Specialty Care Office Visit	\$55* / \$70
Urgent Care	\$75
Emergency Room	\$200
Inpatient Hospital	Deductible applies, 10% co-insurance with a \$1000/admit limit
Advanced Radiological Imaging at an Outpatient Facility (MRI, MRA, CAT & PET Scans)	Deductible applies, \$100 per Scan
Chiropractor	\$40 (limit 24 visits per year)
Single / Family Annual Deductible	\$350/\$700
Out-of-Pocket Maximum Single / Family **	\$2,000/\$4,000

No PCP required. PCP referrals not required. Services outside of OAP Network are covered at higher costs (30% co-insurance & \$700/\$1,400 deductible). *Cigna Care Network designation **Includes Inpatient Facility copays, Outpatient Facility copays & Advanced Radiological Imaging copays only.

Annual Deductibles & Co-Insurance

OAP Plan

Apply to all services except those received in a physician's office,
Convenience Care clinic, Urgent Care or Emergency Room

APPLY TO ALL SERVICES LISTED BELOW:

Inpatient Facility	Outpatient Services
<ul style="list-style-type: none">• Hospital• Skilled Nursing• Rehabilitation• Sub-Acute Facilities• Physician Consults and Visits• Hospice	<ul style="list-style-type: none">• Outpatient hospital surgical center• Home Health Care Services• Durable Medical Equipment• External Prosthetic Appliances• Hearing Aids• Consumable Supplies

INDIVIDUAL AND FAMILY DEDUCTIBLE AMOUNTS AGGREGATE.

All covered members can contribute toward the family deductible amount but one person will not be charged more than the individual deductible amount.

Choice Fund Medical Plan with a Health Savings Account (HSA)

- ☐ HDHP (High Deductible Health Plan)
- ☐ Primary Care Physician (PCP)
 - Not required
- ☐ Specialist
 - PCP referral not required
- ☐ In- and Out-of-network coverage
- ☐ Largest national provider network of all plans
- ☐ Deductible must be met before the plan pays
 - In-network preventive services are free
- ☐ After annual deductible is met
 - 10% co-insurance for in-network service
 - 30% co-insurance for out-of-network service

Choice Fund Medical Plan

In-Network Services	Deductible/Co-insurance
Deductible Individual/Family	\$1,200 / \$2,400
Out-of-pocket maximum	\$2,000 / \$4,000
Primary Care Office Visit	10% after deductible
Specialty Care Office Visit	10% after deductible
Preventive Care	Free
Urgent Care	10% after deductible
Emergency Room	10% after deductible
Inpatient Hospital	10% after deductible
Outpatient Surgery	10% after deductible
Chiropractor Visits	10% after deductible (limit 24 visits/year)
Cigna Behavioral Health	10% after deductible (except intensive outpatient programs cost 50% after deductible)
Cigna Pharmacy Free preventive generic & preferred-brand drugs Deductible does not apply to any preventive drug	30% generic after deductible 40% preferred-brand after deductible 50% non-preferred-brand after deductible

Choice Fund Medical Plan

Deductible & Out-of-Pocket Maximum

☐ Apply To Most Services

- Except in-network preventive care
- Except preventive medication on the drug list
 - Generic
 - Preferred
 - Non-preferred brand

☐ Set at the Individual level if you elect individual coverage or Family level if you elect family coverage

☐ Family Amounts Are Collective

- All members contribute to the deductible & out-of-pocket maximum
- One person could meet the entire family deductible & out-of-pocket maximum

☐ In-network & Out-of-Network Cross-Accumulate

- Only one deductible and out-of-pocket maximum for both your in and out-of-network coverage

Health Savings Accounts (HSA)

❑ To Open an HSA:

- Not enrolled in any other medical insurance, including Medicare
- Not claimed as a tax dependent on someone else's tax return
- Requires completion of bank application
- Social Security Number

❑ County Contributes to Your HSA:

- \$500 for individual coverage
- \$1,000 for family coverage
- pro-rated by the number of days remaining in the plan year if a new hire or newly benefits-eligible

❑ HSAs Provide Triple Tax-savings

- Tax deductions when contributing via payroll
- Tax-free earnings on funds through investments
- Tax-free withdrawals for qualified expenses

Health Savings Accounts (HSA)

☐ JP Morgan Chase

- Verifies enrollment in HDHP with Cigna
- Provides debit card for qualified purchases

☐ Can contribute:

- up to \$3,100 for individual coverage
 - up to \$6,250 for family coverage
 - plus \$1,000 catch-up if 55 or older
- minus County contribution to your account

☐ Investment allocations available with \$2000 account balance

☐ Fully portable if you are no longer employed with the County

☐ Unused funds remain in your account indefinitely



Pharmacy Plans

Co-Insurance Pharmacy Plan

❖ Pharmacy plan for Cigna CMG & OAP Medical

Co-insurance based, multi-tier pharmacy plan

- Uses a preferred medication list
- Prior Authorization may be required
- Certain drugs are excluded:
 - PPIs for reflux
 - Infertility
 - NSAIDS
 - Oral non-sedating antihistamines
- Annual Out-of-Pocket Maximum
 - \$1500 for an individual
 - \$3000 for family



❖ Choice Fund Medical Plan uses Cigna Pharmacy Plan



Co-insurance Pharmacy Plan



**Annual Out-of-Pocket Maximum
\$1,500 Single/\$3,000 Family**

COST ↑
↓

\$12 Max 25% Co-insurance	\$40 Max 30% Co-insurance	No Max 50% Co-insurance + Difference between Brand & Generic cost	No Max 50% Co-insurance	\$100 Copay
\$5 Min	\$10 Min	\$50 Min	\$50 Min	
Generic	Preferred Brand	Non-Preferred Brand with Generic Equivalent	Non-Preferred Brand	Non-Preferred Brand Specialty Drugs

Prescription Needs

Short-Term

- ☐ Up to a 30-day supply from participating retail pharmacies
 - ✓ Walgreens
 - ✓ Safeway
 - ✓ Albertson's
 - ✓ Bashas'
 - ✓ Fry's
 - ✓ Costco
 - ✓ Kmart
 - ✓ CVS
 - ✓ Target
 - ✓ Sam's Club
 - ✓ Wal-Mart
 - ✓ Other independent pharmacies
 - ✓ Cigna CMG pharmacies



Long-Term

- ☐ 3-month (84-91 day) Supply
 - Required for all maintenance medication after two 30-day fills
- ☐ Advantage90™ Retail Pharmacies
 - Walgreens, Bashas', Albertson's, Fry's, Kmart, Safeway, Sam's Club, Target, Wal-Mart, CVS, and more
- ☐ Mail Order Service

Programs to Save You Dollar\$

Formulary Advantage Program

- Cost savings program
- Designed to move members to preferred alternatives in the same therapeutic drug class
- Approval requirement for certain medications
 - Employee pays 100% of cost w/o prior approval

Quantity Limit Program

- Limits the amount of medication covered at one time
 - Based on FDA & manufacturer dosing recommendations
 - Ensures safety & appropriate use of medications
- Coverage of quantities in excess of the established limits require prior authorization

You will be contacted by Catalyst Rx to take advantage of each opportunity

Diabetic Sense

❑ Convenient Access to Essential Testing Supplies

Mandatory Central Fulfillment

- Mail order after 2 retail fills
- 90-day supply
- Free convenient home delivery
- Reorder reminders
- Always have supplies on hand

❑ Covered & Available Supplies

- Free Blood Glucose Meter
- Blood Glucose Test Strips
- Lancets
- Spring-Powered Device for Lancets
- Syringes
- Alcohol Pads

❑ Complimentary Educational Materials

- Healthy Living Book
- Healthy Kitchen Book

Liberty Medical

– Central Fulfillment

24 Hour Telephone Access

- Certified Diabetes Educator
- Nutritionists
- Registered Pharmacists

1-877-852-3512

catalyst.libertymedical.com



Overview of Onsite Services

Located in County Administration Building Suite 201
Monday thru Friday 7:30am – 4pm / Closed for lunch 1-1:30pm



Walgreens Pharmacy

- ☐ Registered Pharmacists & Pharmacy Technicians
 - Trained on County benefit plans
 - In-depth Personal Consultations
 - Medication Profile Reviews
- ☐ Mail Order Pricing
- ☐ 90 Day Supplies
- ☐ Immunizations
- ☐ Health Testing
 - Blood Pressure
 - Blood Glucose

MC Onsite Health Center

- ☐ Employees & covered dependents
- ☐ In-network for Cigna
 - \$10 off your primary copay
 - Other health plan participation may vary
- ☐ Acute Medical Care
- ☐ Minor Surgical Procedures
- ☐ Urgent “Walk-In” Care
- ☐ Routine Care for Common Illnesses
- ☐ Prescriptions when needed

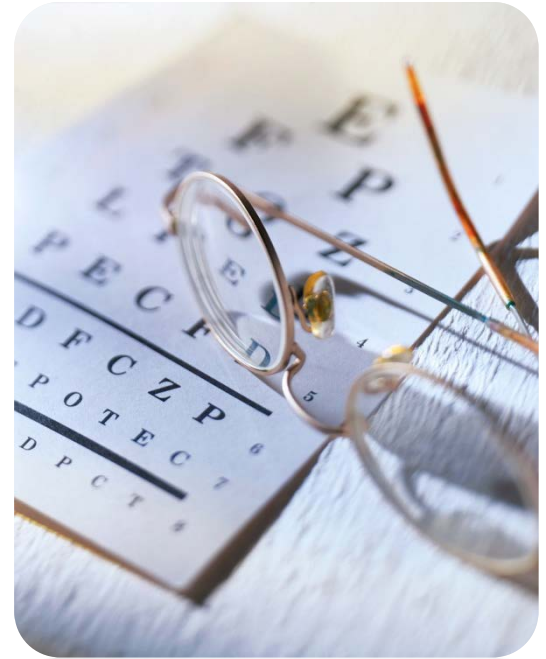
YOUR privacy is our #1 priority!



Vision Benefits

EyeMed Vision Plan

- ❑ In- and Out-of-Network Coverage
- ❑ The “Select” Network
- ❑ Provides annual coverage
 - For vision exams, glasses or contacts
- ❑ Lasik vision correction benefit
- ❑ Elect coverage with or without Medical
- ❑ Acute Care Benefit
 - Treatment by an in-network provider
 - Urgent eye care conditions such as “pink eye”
 - Progressive eye care conditions that could result in vision loss
- ❖ Treatment of chronic conditions such as glaucoma or diabetes (except refraction) must be received through your medical plan benefit and medical provider.



EyeMed Vision In-Network Options*

□ Glasses

- \$10 vision exam
- \$10 standard lenses
- Frame within \$130 retail allowance, 20% off balance
- \$15 each: UV Coating, Tinting, Scratch Resistance
- \$45 Anti-Reflective Coating
- \$75 Standard Progressive lenses
- Up to 40% discount off additional complete eyeglass purchase

□ Contacts

- \$10 vision exam
- Up to \$40 for Standard fit & follow-up
- 10% off retail for Premium fit & follow-up
- \$130 allowance

□ Lasik and PRK Vision Correction

- One-time benefit
- \$150 allowance per eye
- Plus 15% discount
- U.S. Laser Network provider



*Refer to Vision tab on the Benefits Home Page for details on Out-of-network coverage



Behavioral Health Benefits

Employee Assistance Program (EAP)

- ❑ Provided by Magellan Health Services
- ❑ Confidential Counseling
 - For you & your dependents
 - Available regardless if benefits-eligible
- ❑ Free Short-term Counseling
 - Up to 8 sessions/person/problem/year
 - In-person or over the phone
- ❑ Counseling services require pre-authorization
 - Start by calling 888-213-5125
- ❑ Free Legal Consultation & Financial Counseling



Behavioral Health and Substance Abuse Services

❑ Magellan Health Services

- Vendor for CMG and OAP medical plans

❑ Cigna Behavioral Health

- Vendor for Choice Fund Medical Plan

❑ Both Vendors Provide:

- Confidential counseling and therapy for behavioral health issues and drug or alcohol dependency
- In-Network and Out-of-Network services





Magellan for CMG & OAP

In-Network

- ☐ All services require prior authorization
- ☐ Outpatient Individual Therapy
 - Copay \$20
- ☐ Outpatient Group Therapy
 - Copay \$5
- ☐ Medication Check Office Visit
 - Copay \$10
- ☐ Inpatient Hospital Care
 - Copay \$25 per day
 - Up to 30 days per year
 - In- and out-of-network days are combined
- ☐ Intensive Outpatient
 - Copay \$100 per program

Out-of-Network

- ☐ Outpatient Individual Therapy
 - Benefit pays \$25/visit & you pay the balance
- ☐ Outpatient Group Therapy
 - Benefit pays \$15/visit & you pay the balance
- ☐ Inpatient Hospitalization & Intensive Outpatient Programs
 - Require prior authorization
- ☐ Inpatient Hospitalization
 - \$500 Deductible
 - After Deductible then benefit pays \$250/day & you pay the balance
 - Up to 30 days/year
 - In- and Out-of-Network days are combined

Cigna Behavioral Health for Choice Fund Medical/HSA Plan



In-Network

- ☐ Only inpatient hospitalization requires prior authorization
- ☐ All other services are by self-referral
- ☐ Outpatient Therapy & Medication Checks
 - 10% after deductible
- ☐ Intensive Outpatient Program
 - 50% after deductible
 - Maximum up to 3 programs/plan year
- ☐ Inpatient Hospitalization
 - 10% after deductible
 - 60 days combined maximum/plan year

Out-of-Network

- ☐ All out-of-network services require prior authorization
- ☐ Outpatient Therapy & Medication Checks
 - 30% after deductible
- ☐ Intensive Outpatient Program
 - 50% after deductible
 - Maximum up to 3 programs/plan year
- ☐ Inpatient Hospitalization
 - 30% after deductible
 - 60 days combined maximum/plan year



Dental Plans



Cigna Dental Plan

❑ \$2,000 max/person/year

❑ Deductible

- \$50 individual
- \$100 family

❑ In-network coverage

- 100% for preventive care
- 80% for basic restorative services
- 50% for major restorative services

❑ Out-of-network coverage *

- 80% for preventive care
- 60% for basic restorative services
- 50% for major restorative services

* Based on reasonable & customary charges

❑ Orthodontic services

- \$3,000 lifetime limit
- 50% coverage
- No age limit



Progressive/Regressive Feature

Year 1 - Base Plan	In-Network		Out-of Network	
	Plan	Employee	Plan	Employee
Preventive & Diagnostic Care	100%	0%	80%	20%
Basic Restorative Care	80%	20%	60%	40%
Major Restorative Care	50%	50%	50%	50%
Orthodontia	50%	50%	50%	50%
Year 2 - Base Plan				
Preventive & Diagnostic Care	100%	0%	80%	20%
Basic Restorative Care	85%	15%	65%	35%
Major Restorative Care	55%	45%	55%	45%
Orthodontia	50%	50%	50%	50%
Year 3 - Base Plan				
Preventive & Diagnostic Care	100%	0%	80%	20%
Basic Restorative Care	90%	10%	70%	30%
Major Restorative Care	60%	40%	60%	40%
Orthodontia	50%	50%	50%	50%

Delta Dental Plan



- ❑ \$2,000 max/person/year
- ❑ Deductible
 - \$50 individual
 - \$100 family
- ❑ In-network coverage:
 - 100% for preventive care
 - 80% for basic restorative services
 - 50% for major restorative services
- ❑ Out-of-network coverage *
 - Claims paid at same percentage (100%, 80%, or 50%) as in-network
 - * Based on reasonable & customary charges
- ❑ Orthodontic services
 - \$3,000 lifetime limit
 - 50% coverage
 - Must be 8 or older

Progressive/Regressive Feature

Year 1 - Base Plan (In-Network & Out-of-Network)

	Plan	Employee
Preventive & Diagnostic Care	100%	0%
Basic Restorative Care	80%	20%
Major Restorative Care	50%	50%
Orthodontia	50%	50%

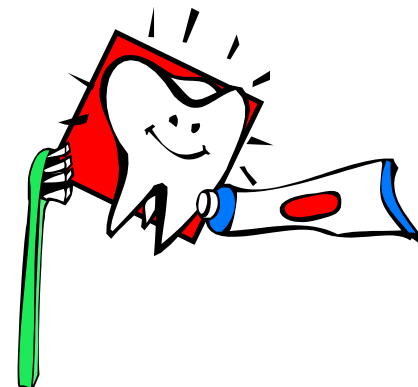
Year 2 - Base Plan (In-Network & Out-of-Network)

Preventive & Diagnostic Care	100%	0%
Basic Restorative Care	85%	15%
Major Restorative Care	55%	45%
Orthodontia	50%	50%

Year 3 - Base Plan (In-Network & Out-of-Network)

Preventive & Diagnostic Care	100%	0%
Basic Restorative Care	90%	10%
Major Restorative Care	60%	40%
Orthodontia	50%	50%

EDS Dental Plan*



- ☐ No annual per person maximum
- ☐ No deductible
- ☐ You select one general dentist for the entire family from EDS network
- ☐ Copay amounts determined by type of service
- ☐ Low or no copays for preventive services
- ☐ Specialty care (such as pediatric dentistry) provided at a discount
- ☐ Orthodontic service provided at a 25% discount



***Services in process at time of enrollment are excluded.**



Other Benefits

Life Insurance Plan

- ❑ Provided by ReliaStar Life Insurance Company,
a member of the ING family of companies
- ❑ Basic Life and Basic Accidental Death & Dismemberment (AD&D) Insurance
 - 1 x Annual Base Salary
 - Paid 100% by Maricopa County

- ❑ Additional Term Life
 - Lower rates for non-tobacco users
 - Up to 5 times Annual Base Salary
 - \$750,000 maximum without evidence of insurability (EOI) if you enroll as a new hire
- ❑ AD&D Insurance
 - Employee only or Employee & Family
 - Up to 5 times Annual Base Salary
- ❑ Dependent Spouse & Child Life Insurance
 - \$100,000 for Spouse Life
 - Available without EOI up to guaranteed limits if you enroll as a new hire
 - \$20,000 for Child Life



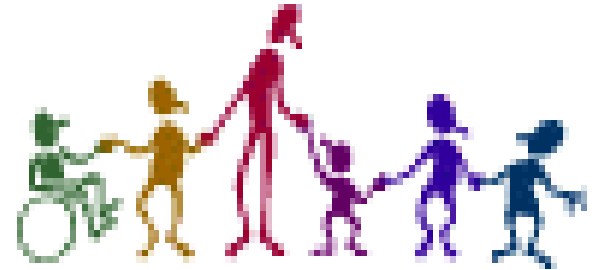
Short-Term Disability Plan

❑ Administered By Sedgwick

- Select 40%, 50%, or 60% Salary Replacement Options
- \$2,000 benefit maximum per week

❑ Waiting Period

- 3 week waiting period
- Or first day of hospitalization



❑ Policy Has A Pre-existing Exclusion

- Treatment or diagnosis 90 days before coverage effective date
- Benefits are not payable for that condition until treatment free for 3 months or covered by the plan for 12 months

❑ Enrollment Is Locked in For The Plan Year

- Can only be changed at Open Enrollment
- Can't be dropped if you have a Qualified Status Change

❑ Premium Is Calculated On Your Base Salary

- The Benefit Enrollment System automatically calculates premiums

Flexible Spending Accounts (FSA)

❑ Health Care FSA

- Medical
- Pharmacy
- Over-the-counter medication with a prescription
- Dental
- Vision
- \$2500 plan year maximum

❑ Limited Use FSA

- If in **Choice Fund Medical Plan with a HSA**
- Only for dental or vision expenses
- \$2500 plan year maximum

❑ Dependent Care FSA

- For child care expenses up to age 13
 - For adult care expenses
 - Follow IRS guidelines
- ❑ **\$5,000 calendar year maximum**



Make your annual election for the amount you want withheld
for the remainder of the plan year (June 30).

Any money not used will be forfeited.

MetLaw Group Legal Plan

Hyatt Legal Services

A plan that provides legal representation & services for a wide range of personal legal matters through plan attorneys

- Court appearances
- Document review & preparation
- Debt collection defense
- Wills
- Family Matters
- Real Estate Matters
- Traffic Ticket Defense (except DUI/DWI)
- Adoption and Legitimization
- Security Deposit Assistance
- Elder Law Matters
- Personal Property Protection

Retirement

❑ Nationwide Retirement Solutions

- ❖ Deferred Compensation Program
 - Save up to \$16,500 on a pre-tax basis for retirement
 - Save an additional \$5,500 if 50 or older
 - Available by Payroll Deduction

❑ \$10,000 Post Employment Health Plan (PEHP)

- 1,000 Sick Leave Hours
- Available to employees upon retirement

❑ Arizona State Retirement System

- ❑ 1 of 4 Public Employee Pension Plans
- ❑ Membership is required if you:
 - Work at least 20 hours/week
 - Work at least 20 weeks/year

Your Contribution eff. 5/7/12

- Based on Gross Wages
- Retirement = 10.5%
- Long-term Disability = 0.24%
- 10.74% Total Deduction



Benefit Rates

Monthly Medical Plan Rates 2012-13

Includes Pharmacy & Behavioral Health

Full-Time Active Employees



Plan		Monthly Employee Premium	Monthly Employee Premium Less all Premium Reductions
Cigna Medical Group Plan (CMG)	Employee	77.82	17.82
	Employee + Spouse	136.44	76.44
	Employee + Child(ren)	112.40	52.40
	Employee + Family	186.10	126.10
Open Access Plus Plan (OAP)	Employee	106.28	46.28
	Employee + Spouse	216.00	156.00
	Employee + Child(ren)	182.72	122.72
	Employee + Family	298.30	238.30
Choice Fund Medical Plan with HSA (HSA)	Employee	60.00	-
	Employee + Spouse	74.82	14.82
	Employee + Child(ren)	68.20	8.20
	Employee + Family	85.36	25.36

Monthly Medical Plan Rates 2012-13

Includes Pharmacy & Behavioral Health



Part-Time Active Employees

Plan		Monthly Employee Premium	Monthly Employee Premium Less all Premium Reductions
Cigna Medical Group Plan (CMG)	Employee	313.52	253.52
	Employee + Spouse	592.62	532.62
	Employee + Child(ren)	489.40	429.40
	Employee + Family	777.48	717.48
Open Access Plus Plan (OAP)	Employee	342.12	282.12
	Employee + Spouse	672.18	612.18
	Employee + Child(ren)	559.74	499.74
	Employee + Family	889.68	829.68
Choice Fund Medical Plan with HSA (HSA)	Employee	277.50	217.50
	Employee + Spouse	513.96	453.96
	Employee + Child(ren)	436.24	376.24
	Employee + Family	675.04	615.04

Monthly Dental Plan Rates 2012-13



Plan		Monthly Employee Premium	Monthly Employee Premium
		FULL-TIME	PART-TIME
Cigna	Employee	14.30	22.74
	Employee + Spouse	31.46	49.92
	Employee + Child(ren)	34.06	54.08
	Employee + Family	43.82	69.42
Delta	Employee	24.70	33.16
	Employee + Spouse	54.34	72.80
	Employee + Child(ren)	58.76	78.78
	Employee + Family	75.66	101.40
EDS	Employee	4.56	7.60
	Employee + Spouse	8.58	14.42
	Employee + Child(ren)	11.18	18.92
	Employee + Family	12.88	21.78 ⁴⁸

Monthly Vision Plan Rates 2012-13



Plan		Monthly Employee Premium	
		FULL-TIME	PART-TIME
EyeMed	Employee	1.18	3.64
	Employee + Spouse	2.6	7.14
	Employee + Child(ren)	1.96	6.90
	Employee + Family	3.52	10.66

Monthly Life Insurance Plan Rates 2012-13

Additional Life Insurance & Spouse Life Insurance		Monthly Employee Premium Per \$1000	Monthly Employee Premium Per \$1000
	Age Range	Non-Tobacco User	Tobacco User
	Under 25	0.032	0.052
	25-29	0.038	0.056
	30-34	0.050	0.064
	35-39	0.056	0.109
	40-44	0.074	0.155
	45-49	0.120	0.308
	50-54	0.184	0.567
	55-59	0.312	0.578
	60-64	0.528	0.896
	65-69	0.760	1.096
	70 and older	1.408	1.800

Example: $0.032 \times 20 =$
\$6.40 the monthly rate
for \$20,000 Additional
Life Insurance for a
non-tobacco user
under age 25

Additional Accidental Death & Dismemberment (AD&D)	Monthly Employee Premium Multiplier
Coverage Multiplier per \$1000 Coverage	
Employee Only	0.020
Employee Plus Family	0.035
Child Life Insurance (Multiplier per \$5000 Coverage)	

Rates - Other Benefit Plans 2012-13



Short Term Disability Coverage	Multiplier X Annual Base Salary ÷ 24 Pay Periods
40%	0.0027
50%	0.0038
60%	0.0059

Comparison of STD Premium at Various Salary Levels

Examples:

Annual Earnings	Bi-Weekly Earnings	Bi-Weekly Premium 60%	Bi-Weekly Premium 50%	Bi-Weekly Premium 40%
\$115,981	\$4,461	\$28.55	\$18.29	\$12.94
\$73,923	\$2,843	\$18.20	\$11.66	\$8.25
\$61,922	\$2,382	\$15.24	\$9.76	\$6.91
\$50,336	\$1,936	\$12.39	\$7.94	\$5.61
\$40,503	\$1,558	\$8.87	\$5.68	\$4.02
\$25,106	\$966	\$6.18	\$3.96	\$2.80

Group Legal	Monthly Employee Premium
MetLaw Hyatt Legal Plans	15.74



Important Things You Need to Know

Automatic Enrollment in 30 Days

- ❑ Make elections within 30 calendar days from your hire date or benefit eligibility date
 - ❑ OR you will be automatically enrolled for employee only coverage in:
 - Cigna Medical Group (CMG) Medical Plan
 - Co-Insurance Pharmacy Plan
 - Behavioral Health Plan
 - Basic Life Insurance and AD&D
- ❖ **Premiums will be deducted from your paychecks.**

Waiving Medical Coverage?

- ❑ Complete the Enrollment Process
- ❑ No compensation for waiving coverage
- ❑ Other benefit coverage options available for vision, dental, short-term disability, life insurance, flexible spending accounts & group legal

When Does Coverage Begin?

❑ 1st day of the 3rd pay period after your hire date, or date of benefits eligibility

- Access this link to the [County Pay Schedule](#)
- Find the pay period of your hire date, this is pay period #1
- Count down to the 3rd pay period
- The 3rd Pay Period “beginning date” is when your benefit coverage begins

❑ Premium Deductions begin on the same date

❑ Coverage ends on the last day of the pay period in which you end employment.

Elected Officials - access the *Know Your Benefits* booklet for details.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 Jane Doe starts work	3	4 Independence Day	5	6	7
8	9	10	11	12	13	14
PAY PERIOD						
15	16	17	18	19	20	21
22	23 Jane Doe's benefits effective date	24	25	26	27	28
PAY PERIOD						
29	30	31				

New Hire Example

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 LAST Jane Doe starts work	3	4 Independence Day	5	6	7
8 PAY PERIOD	9	10	11	12	13	14
15	16	17	18	19	20	21
22 PAY PERIOD	23 Jane Doe's benefit effective date	24	25	26	27	28
29	30	31	30 DAYS FROM DATE OF HIRE TO MAKE ONLINE ELECTIONS 			

The Enrollment Process

☐ New Hire Event

- Available on Thursday, the week following the data entry of your employment record in PRISM

☐ Complete the Worksheet

☐ Benefit Enrollment System

☐ Click on the “Submit” button

☐ No exceptions for late enrollment!



**Enter elections in the Benefit Enrollment System within
30 calendar days of hire date!**

Confirm Your Enrollment

☐ Print Your Confirmation Page

- Your Confirmation Number
- You've successfully completed enrollment online

☐ Review the Confirmation Statement

- Mailed to your home address

☐ Compare

- Printed Confirmation Page with Mailed Confirmation Statement

☐ If a Correction is Required

- Contact Employee Benefits within 10 business days from the date printed on your Confirmation Statement

☐ Changes During New Hire Event?

- Open up to 30 days from date of hire
- Changes can be made as many times as needed during the 30 days
- Each change submitted generates a confirmation statement
- Last change on record will be final
- New Hire Event closes & next available chance to change elections will be the next Open Enrollment

☐ Check Your Online Paycheck Often

- Ensure correct premium deductions are being taken



Dependent Verification

- ❑ Validation Required for All Newly-Added Dependents & Dependents dropped during a Family Status Change



A letter will be sent to your home address requesting up to 3 forms of documentation of relationship and/or qualifying event.



- ❑ Three Simple Steps

1. Follow the instructions to fax or mail to the address provided
2. Use the Cover Sheet provided
3. Comply by the deadline

- Failure to complete the audit will result in dependents losing coverage retroactively and you becoming liable for the cost of any claims incurred during the period of ineligibility.

ID Cards

Vendors mail ID cards to your home address

- Most vendor web sites allow you to print a temporary ID card

Benefit Plans

- Plan booklets are available on the Benefits Home page under the applicable benefit tab

Social Security Numbers

- ☐ Insurance Vendors Will Not Print Your Social Security Number (SSN) on ID Cards
 - SSN for identification purposes only
- ☐ Option To Request An Alternative ID Number
 - If under age 45 & not enrolled in Medicare
 - Submit request to Employee Benefits Division [before completing enrollment online](#)
- ☐ Use Of Your SSN Is Required If You Elect:
 - Choice Fund Medical Plan/Health Savings Account
 - Flexible Spending Accounts
 - Group Legal
 - Or If you or your spouse are 45 or older
- ☐ Medicare Health Insurance Claim Number (HICN)
 - Required if you or your dependents are enrolled in Medicare (Parts A, B or D)

Qualified Status Change

Life Event

Examples

- ❖ Marriage
- ❖ Birth
- ❖ Adoption
- ❖ Legal Guardianship
- ❖ Divorce
- ❖ Death
- ❖ Change in Employment Status

- Can add or drop dependents
 - Must be consistent with the change
- Cannot change plan elections
- You must report status changes within 30 calendar days of the change

- ✓ Record status changes via the Benefit Enrollment System
- ✓ Dependent Verification Service will mail request for required documentation



Benefit Resources

✓ Benefits via Work or Home

ebc.maricopa.gov/ehi

Intranet only available via the
Maricopa County network

www.maricopa.gov/benefits

✓ Enrollment Instructions

How to complete New Hire Enrollment
step-by-step

✓ Review Booklets

[What's New?](#) [Link](#)

[Know Your Benefits](#) [Link](#)

Vendors listed on the last page to answer
specific benefit plan questions

✓ Frequently Asked Questions

[Open Enrollment Questions](#)

[Choice Fund HSA](#)

✓ Register online

<https://portal.adp.com> & access the
Benefit Enrollment System

✓ Search For A Provider

www.maricopa.gov/benefits/pdf/2012/OE12/lookupprovider.pdf

✓ Compare Medical Plans & Health Savings Account Application

mycignaplans.com

ID: **MaricopaCounty2012**

Password: **cigna**

✓ Review Medication Costs

www.walgreenshealth.com

[Prescription Cost Estimator](#)

(requires MS Excel)

✓ Short Term Disability Calculator

http://ebc.maricopa.gov/ehi/pdf/2012/Sedgwick/2012_stdcalculator.xls

Premium Reductions

Biometric Screening, Health
Assessment & Non-Tobacco User

www.maricopa.gov/benefits/wellness/bsha.aspx

Employee Benefits Division

M-F, 8am - 5pm, 602-506-1010,
BenefitsService@mail.maricopa.gov

OET Customer Care Center

602-506-HELP (4357)



Employee Wellness Program

Wellness Screenings

Passport to Wellness

- Employees & Covered Dependents
 - Birth to Age 2
 - Ages 3 to 18
 - Women 18+
 - Men 18+
- Enrolled in a County-sponsored medical plan
- Take advantage of free preventive health care services based on age and gender
- Receive up to \$500 per family maximum
- Complete all requirements within the plan year
- Annual exams, medical screenings, immunizations & oral health exams

Mobile On-Site Mammography (MOM)

- Free to Female Employees
 - 40 years of age & up
 - Enrolled in a County-sponsored Cigna medical plan
- Obtain your mammogram exam on-site
 - It's convenient, quick & easy!
- At various work locations
 - By appointment only
- Results are mailed to your home address
- MOM also accepts other insurance



Prostate On Site Project (POP)

- Free to Male Employees
 - 40 years of age & up
 - Enrolled in a County-sponsored Cigna medical plan
- At various work locations
 - By appointment only
- Prostate Specific Antigen (PSA) blood test
& Digital Rectal Exam
- Results mailed to home address



Health First Ultrasound Screenings

- County Employees
 - Regardless of insurance coverage
- Screenings/Tests for:
 - Osteoporosis/Bone Density
 - Carotid Artery Disease
 - Abdominal Aortic Aneurysm
 - Peripheral Arterial Disease
- 4 Screenings Package \$95
 - Reimbursed through your Flexible Spending Account
 - Employee pays entire cost
- Offered once or twice a year



Flu & Pneumonia Immunizations

- Free to Employees & Covered Dependents
 - Enrolled in a County-sponsored Cigna medical plan
 - Provided in-network only
- Offered during the fall season at:
 - Various onsite work locations
 - CMG Flu Shot clinics
 - Cigna CareToday Clinics
 - Walgreens pharmacies & Take Care Clinics
 - Your physician's office



Blueprint For Wellness

- Available to Employees
 - Enrolled in a County-sponsored medical plan
 - Only 1 participation within a 12 month period
- More than 30 lab tests
 - Comprehensive fasting blood test
 - Optional Prostate Specific Antigen test (males 40 & over)
- Personal Lab Report
 - Available online
 - Mailed to your home



Biometric Screening

- Free to Employees
 - Enrolled in a County-sponsored Cigna medical plan
- Consists of:
 - Personal health history
 - Measurements for height, weight, waist circumference, body fat composition, body mass index, cholesterol & glucose levels, and blood pressure
 - Non-Tobacco Use Saliva Test
 - One-on-one Health Coaching session
- Save up to \$120 per year on medical insurance premiums

- ✓ Cigna CareToday (corner of Central & Adams)
 - No appointment required at the walk-in clinic
- ✓ By appointment only onsite (March-May)
- ✓ Present Cigna ID card or copy of Confirmation Page from Benefit Enrollment System
- ✓ Complete within 45 days of your benefits effective date for retroactive premium reduction
- ✓ Screenings completed after 45 days will receive premium reductions prospectively, starting with the next pay period following completion

Health Assessment

- Available to Employees
 - Enrolled in a County-sponsored Cigna medical plan
 - Voluntary online questionnaire regarding your health & lifestyle
 - Information regarding biometric measures such as weight, blood pressure & cholesterol levels
 - Save up to \$120 per year on your medical insurance premiums
- ✓ Complete within 45 days of your benefits effective date for retroactive premium reduction
 - ✓ After your enrollment information has been received & processed by Cigna
 - ❖ About 10-14 days after your enrollment in the Benefit Enrollment System has been completed
 - ✓ Use your Cigna ID card to register for your MyCigna.com account
 - ✓ Take your Health Assessment online at www.myCigna.com

Health Coaching Program

If certain risk factors are identified through your Biometric Screening or Health Assessment

- Health coaching can help:
 - Develop an action plan to build healthy behaviors
 - Overcome personal challenges
 - Stay motivated
- Free to Employees
 - Confidential & Voluntary Program
 - Magellan Health Services
 - Enrolled in a County-sponsored Cigna medical plan
- If you qualify, a Health Coach will contact you via telephone to start the process



Non-Tobacco User Premium Reduction

- Available to Employees
 - Enrolled in a County-sponsored Cigna medical plan
 - Non-Tobacco Use Household for a minimum of 6 months
- Complete & pass a saliva test for nicotine presence
- Save up to \$480 per year on your medical insurance premiums
- Or enroll in the Quit Tobacco Program
- Complete at your Biometric Screening or separately



Wellness Programs

Quit Tobacco Program

- Six-week group class at a worksite location
- Employees & Covered Dependents
 - Enrolled a County-sponsored Cigna medical plan
- Receive up to a maximum of \$500 per plan year for tobacco cessation products

Enrolled in the Choice Fund Medical Plan

- Pay full price for tobacco cessation products & submit receipts to Employee Benefits Division for reimbursement

- ✓ Eligible for the Non-Tobacco User Premium Reduction when classes begin
 - If you quit smoking & your Covered Dependents have been tobacco-free for six consecutive months
- ✓ Six months after completing the program
 - Take & pass the saliva test to continue receiving the premium reduction

24-Hour Health Information Line

- Employees & Covered Dependents
 - Enrolled in a County-sponsored Cigna medical plan
- Call (800) 564-8982
- Speak to a nurse at any time for:
 - Answers to your questions
 - Suggestions for helpful home care
 - Assessment of symptoms and direction to the most appropriate care
- Access to Health Information Library



Your Health First

- Health Coaching For Your Chronic Health Condition
 - Asthma
 - Low Back Pain
 - Osteoarthritis
 - Diabetes
 - COPD
 - Cardiac Concerns
 - Behavioral Concerns – Depression, Anxiety, Bipolar Disorder
- Call Your Health Advocate
1-855-246-1873
- Free to Employees
 - Enrolled in a County-sponsored Cigna medical plan



Cigna On-Site Services

- Fulltime Onsite Health Coach
 - Administration Building, 1st Floor
 - PLUS at various work locations
- Health Coach to Help With:
 - High Blood Pressure
 - Weight Management
 - Nutrition
 - Physical Activity
 - And more
- By appointment only
 - 602-372-8802
 - Heather.Lehman@cigna.com



Diabetes Management Program

- Employees & Dependents
 - Enrolled in the Co-Insurance pharmacy plan
 - Diagnosed with diabetes
- Free diabetic medication & supplies for 1 year
- Reimbursement for up to 4 diabetes-related office visit copays
 - Submit documentation to Employee Benefits within 90 days of updated authorization
- Program Requirements
 - Meet 8 measures to qualify
 - Renew annually
 - Submit renewal requests within 90 days of program completion



Weight Watchers at Work

- Available to County Employees
 - 10-week Course
 - \$120/course
 - At various work locations
 - Includes program materials
 - Portion Control
 - Mindful Eating
 - Lifestyle Changes

Plus:

Attend Weight Watchers @ a community location with your covered dependents

Wasting Away Incentive

- Employees & Covered Dependents (ages 10 & up)
 - ✓ Enrolled in a County-sponsored Cigna medical plan
 - ✓ Attend 8 of 10 Weight Watcher classes
 - ✓ Lose 10 pounds
 - In 10 consecutive weeks
 - ✓ Receive \$120 reimbursement via paycheck
- ✓ Submit request for incentive within a 90-day period following the completion of the 10-week session

Healthy Pregnancies, Healthy Babies Program

- Free Comprehensive Maternity Support Program
 - Employees & Covered Dependents
 - Enrolled in a County-sponsored Cigna medical plan
- Education
- Assessment
- Care Plan
- Completion Incentive
 - \$150 if enrolled in first trimester
 - \$75 if enrolled in second trimester



Cigna's Healthy Rewards

- Discount Program
 - Employees & Covered Dependents
 - Enrolled in a County-sponsored Cigna medical plan
- ❖ **Weight Management and Nutrition**
 - Jenny Craig/Weight Watchers/NutriSystem
 - Registered Dieticians
- ❖ **Fitness**
 - Club and Equipments Discounts
 - 10,000 Steps/Day Program
- ❖ **Vision and Hearing Care**
- ❖ **Tobacco Cessation Program**
- ❖ **Alternative Medicine**
 - Acupuncture, Chiropractic Care
- ❖ **Mind/Body Programs**
- ❖ **Dental Care**
- ❖ **Vitamins/Health and Wellness Products**
- ❖ **Healthy Lifestyle Products**



Fitness Programs

Fitness Center Administration Building

- 301 W. Jefferson St. Suite B70 (basement)
& Group Exercise Studio
- Open 24-Hours/7 days
- Locker Rooms (showers/lockers)
- Weights and Cardio Equipment
- Free for all employees
 - Complete Fitness Center Enrollment Form



Fitness Center Durango Complex

- ❖ MCDOT Operations (cardio)
- ❖ Flood Control (strength training)
- ❖ Animal Care (group exercise classes)

- Open 24-hours/7 days
- Locker rooms (showers/lockers)
- Free to all employees
 - ✓ Complete Fitness Center Enrollment Form



YMCA Wellness Program



- Employees & Dependents
 - Enrolled in a County-sponsored medical plan

- Membership Fees
 - Payroll deduction
 - 24 deductions/year

- Sign up & Use Any Valley of the Sun YMCA
 - County ID Badge
 - Cigna Medical ID Card
 - Employee ID Number

County Rate

Employee Only	\$24/month
Family I	\$44/month

- Employee + Children under age 18 living in same household

Family II	\$51/month
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- Employee + Adult + Children under age 18 living in same household

Child Care	15% Discount
\$100 Joining Fee	Waived

Resources



Subscribe to **Weekly Wellness Activities**

Employee Wellness Programs

maricopa.gov/benefits/wellness.aspx

602-506-1010

BenefitsService@mail.maricopa.gov

Quit Tobacco Program

602-372-7272

Health Assessment & Cigna's Healthy Rewards

myCigna.com

24 Hour Health Information Line

1-800-564-8982

Healthy Pregnancies, Healthy Babies

1-800-615-2906

Fitness Coordinator

602-372-9297

Cigna On-Site Services

602-372-8802

Diabetic Sense

1-877-852-3512

catalyst.libertymedical.com

Your Health First

1-855-246-1873

myCigna.com/other site

Health First Ultrasound Screenings

healthfirstscreenings.com

MOM

mobileonsitemammography.com

POP

prostatecheckup.com